

DLA HROC
ATTN: Benefits
P. O. Box 182662
Columbus, OH 43218-2662

**CONTINUATION OF FEDERAL EMPLOYEES
HEALTH BENEFITS (FEHB) COVERAGE FOR
CHILD INCAPABLE OF SELF SUPPORT**

CONSENT FOR RELEASE OF INFORMATION

A federal employee with self and family FEHB enrollment may include a child incapable of self-support because of physical or mental incapacity, which existed before age 22. The following information is requested so that the providers can make a self-support determination for the child listed below. I authorize the release of the information requested below regarding my child.

Employee's Signature

Employee's SSN

Date

PATIENT INFORMATION

Child's Name

Child's DOB

Child's SSN

ATTENDING PHYSICIAN'S REPORT

Nature of disability:

How long has disability been in existence:

Date impairment began:

Probable future course and duration of disability:

<p>Is the child confined to an institution because of impairment due to a medical condition?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Does the child require total supervisory, physical assistance, or custodial care?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Will treatment, rehabilitation, educational training or occupational accommodation allow the child to be self-supporting?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>In your opinion, is the child incapable of self-support because of a physical or mental disability that existed before the child became 22 years of age and the condition can be expected to continue for more than one year?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
Physician's Name	Physician's Address	Telephone Number
Physician's Signature		Date

***** THE COMPLETE MEDICAL DOCUMENTATION SHOULD ACCOMPANY THIS FORM.